

Incident notification form >

FM 137

NT WorkSafe must be notified of the occurrence as soon as practicable by phoning **1800 019 115**. You will be given an incident notification Reference Number to include on this form.

Section 65 of the *Workplace Health and Safety Act* and Regulation 46 of the Workplace Health and Safety Regulations.

In addition to immediate (as soon as is practicable) telephone notification, this 2-page notification form must be faxed or emailed to NT WorkSafe within **48 hours** after the incident occurrence. Fax Number **08 8999 5141**. Email: ntworksafe@nt.gov.au

For more information please see NT WorkSafe Bulletin [09.01.04 Notification of incidents](#).

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|--------------------------|--|----------|----------|----------|----------|---|--|--|--|--|--|
| Reference Number: | | 2 | 0 | 0 | 9 | / | | | | | |
|--------------------------|--|----------|----------|----------|----------|---|--|--|--|--|--|

The Reference Number is your proof of notification as soon as was practicable as required under Section 65 of the *Workplace Health and Safety Act 2007* and Regulation 46 of the Workplace Health and Safety Regulations 2008.

Person Submitting Details: (Please print in BLOCK letters)

| | | | |
|--|--|-------------------|--|
| Name: | | Position Title: | |
| Mobile: | | Phone: | |
| Email: | | | |
| Date: | Date of incident: | Time of incident: | |
| Injuries: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fatalities: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Employer / Self Employed Person notifying: | | ABN: | |
| Business Address (Not Post Office Box): | | | |
| Name of Employer of Deceased / Injured Person(s), if any, if different from above: | | | |
| Address or location where the incident occurred: | Lot/Unit No | Street No | Street Name |
| | | | Suburb |
| | | | City |
| Brief Description of the Incident: | | | |

Details of Deceased / Injured Person(s):

| | | | | | |
|-------------------------|-------------|-----------|--|-------------------------------------|---|
| Name: | | | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Residential Address: | Lot/Unit No | Street No | Street Name | Suburb | City |
| Date of Birth: | | | Phone: | | |
| Occupation / Job Title: | | | <input type="checkbox"/> Direct Worker | <input type="checkbox"/> Contractor | <input type="checkbox"/> Member of Public |

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Incident Notification Form (continued)

Details of Deceased / Injured Person(s):

The below information is to be provided to the extent that it is known at the time of writing.

Work Activity being undertaken at the Time of the Incident (Identify any Plant, Substance, Equipment involved):

Brief description of injuries:

Person(s) who saw the Incident or first came to the Scene:

Action taken / intended, if any, to prevent recurrence of the incident:

Declaration:

I declare that where I provide personal or health information to NT WorkSafe about any other individual, I am authorised to provide that information, the information has been collected in accordance with applicable privacy legislation and the individual has been or will be made aware of NT WorkSafe's identity and how to contact it and of other matters of which an individual is required to be made aware when personal or health information is collected about them.

Signed:

Date: